

## APPROVED MINUTES OF THE HEALTH & SAFETY ASSURANCE COMMITTEE COFNODION CYMERADWYO O PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

<b>Date and Time of Meeting:</b>	9.00am, 17 <sup>th</sup> February 2021
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/ MS Teams

<b>Present:</b>	<p>Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) (VC)</p> <p>Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC)</p> <p>Mr Mike Lewis, Independent Member (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p> <p>Mr Owen Burt, Independent Member (VC)</p> <p>Mr Simon Hancock, Independent Member (VC)</p>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience</p> <p>Mr Andrew Carruthers, Director of Operations (part)</p> <p>Mrs Lisa Gostling, Director of Workforce and Organisational Development (VC)</p> <p>Ms Ann Taylor-Griffiths, RCN/ Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum (VC)</p> <p>Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)</p> <p>Mr Tim Harrison, Head of Health, Safety and Security (VC)</p> <p>Mrs Charlotte Beare, Head of Assurance &amp; Risk (deputising for Mrs Joanne Wilson, Board Secretary)</p> <p>Ms Sonja Wright, Committee Services Officer (Minutes)</p>

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSAC (21)01</b>	<p>The Chair, Mrs Judith Hardisty, welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Ms Alison Shakeshaft, Director of Therapies and Health Science</li> <li>Mrs Ros Jervis, Director of Public Health</li> <li>Mrs Joanne Wilson, Board Secretary</li> </ul>	

<b>HSAC (21)02</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSAC (21)03</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 2<sup>ND</sup> NOVEMBER 2020</b>	
	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Assurance Committee (HSAC) held on 2 <sup>nd</sup> November 2020 be approved as a correct record.	

HSAC (21)04	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 2<sup>ND</sup> NOVEMBER 2020</b>	
	An update was provided on the Table of Actions from the meeting held on 2 <sup>nd</sup> November 2020, with confirmation received that all actions were complete.	
HSAC (21)05	<b>REVIEW OF COMMITTEE TERMS OF REFERENCE</b>	
	<p>Health and Safety Assurance Committee's (HSAC) Terms of Reference (ToR) were reviewed by Members in order to ensure that these remain fit for purpose in detailing the Committee's purpose, remit, role, composition and operating arrangements.</p> <p>Members were advised that, in a preliminary revision prior to submission at this meeting, certain sections within the ToR had been re-ordered to present the Committee's purpose and operational responsibilities ahead of its membership, recognising that it is from these that the required membership of the Committee is derived.</p> <p>Mrs Mandy Rayani drew Members' attention to a reference to the <i>Health and Safety Priority Improvement Plan</i> included in the section relating to the Committee's purposes, explaining that this terminology represents a legacy from HSAC's previous constitution as a sub-committee of the Quality, Safety and Experience Assurance Committee. It was agreed that the ToRs would be revised to reference the Health and Safety Assurance Committee's Work Programme rather than the Priority Improvement Plan, and Members were advised by Mrs Rayani that the Work Programme would be populated to reflect the audit work undertaken by HSAC.</p> <p>Mrs Rayani proposed that the Committee's membership be reviewed, given the number of Health Board (HB) Directors listed as 'In Attendance' members, and recognising the need to scale back Directors' commitments in light of current requirements to respond to the COVID-19 pandemic.</p> <p>Mrs Lisa Gostling confirmed that she would discuss her position as an In Attendance Member with Mrs Rayani, given that the inclusion of the Head of Occupational Health in the membership might adequately represent workforce and occupational development elements in future Committee meetings.</p> <p>With regard to staff Health and Safety representation in the Committee's membership, Ms Ann Taylor-Griffiths requested that the title of <i>Chair of Staff Partnership Forum</i> (SPF) which is currently listed in the In Attendance membership in the ToRs be amended to reflect the fact that future SPF Chairs may not necessarily have any Health and Safety involvement. It was therefore agreed that the membership title would be amended to '<i>Staff-Side Representative (Health and Safety)</i>', to ensure that HSAC membership would continue to include staff-side Health and Safety representation.</p> <p>Mr Tim Harrison referred to inclusion in the Committee's membership of the HB Medical Director, highlighting the need for medical representation, given a relative lack of awareness of Health and Safety issues among significant elements of the medical workforce.</p>	<p>MR/ SW</p> <p>LG/ MR</p> <p>SW</p>

	<p>Responding to queries on whether representation from the HB Medical Director, and the Director of Strategic Development &amp; Operational Planning (once commenced in post) is required in the Committee's membership, Mrs Rayani confirmed that Directorate representation on the Committee would be covered in discussions which she would hold with the Board Secretary in order to map HSAC's reporting structure.</p> <p>Noting the discussions which would be held regarding the Committee's membership, Members agreed that amendments to the HSAC ToRs would be agreed by Chair's Action for onward ratification by the Board on 25<sup>th</sup> March 2021.</p>	<p><b>MR</b></p> <p><b>JH</b></p>
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<p><b>HSAC (21)06</b></p>	<p><b>RATIFICATION OF CHAIR'S ACTION</b></p>	
	<p>Members ratified the approval via Chairs Action on 18<sup>th</sup> December 2020 of the following HB policies:</p> <ul style="list-style-type: none"> <li>• Violence and Aggression Policy (Policy No. 285)</li> <li>• Fire Safety Policy (Policy No. 242)</li> </ul>	

<p><b>HSAC (21)07</b></p>	<p><b>HEALTH AND SAFETY EXECUTIVE ENFORCEMENT ACTION UPDATE</b></p>	
	<p>Members received the Health and Safety Executive (HSE) Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices served against the HB by the HSE in October 2019, and summarising developments since the previous Committee meeting held on 2<sup>nd</sup> November 2020.</p> <p>Mr Harrison informed the Committee of further extensions for Improvement Notices (INs) and Material Breaches (to 27<sup>th</sup> November 2020 and 29<sup>th</sup> January 2021), and advised Members of site visits at Prince Philip Hospital (PPH), Withybush General Hospital (WGH) and Bronglais General Hospital (BGH) by HSE Inspectors on 20<sup>th</sup> January 2021, with a specific focus upon IN8 – Needlestick Management and the management of Manual Handling issues. Mr Harrison informed Members that formal feedback from these visits is awaited.</p> <p>Mr Harrison informed Members that initial feedback from these site visits had been positive overall, with HSE Inspectors expressing favourable impressions relating to the leadership and management arrangements at each site. Members were advised that, having reviewed the sharps database in BGH, some concern relating to sharps management on site had been recorded by inspectors relating to the quality of sharps incident investigation. Mr Harrison however assured the Committee that improvements would be made to investigative processes, and highlighted a link in this regard to IN6 - Incident Investigation. Members were also informed of a focus during the visits upon the management of COVID-19 and the implementation of social distancing requirements in BGH.</p> <p>Members were further informed of a meeting held on 27<sup>th</sup> January 2021 which had been attended by Trade Union and Health and Safety representatives from acute sites. Mrs Ann Murphy advised that, recognising HSE's identification of shortfalls in staff communications, a quarterly newsletter would be produced. Mrs Rayani added that this would</p>	

	<p>prove helpful in evidencing staff communications on the part of the organisation.</p> <p>Mr Harrison informed Members of a forthcoming meeting with the HSE Principal Inspector arranged for 24<sup>th</sup> February 2021, adding that this visit would include a visit to Gorwelion Day Hospital in order that the HSE can speak to staff at the site.</p> <p>Responding to a query from Mr Owen Burt regarding whether further extensions would be allocated to INs and Material Breaches where deadlines have not been met, together with the provision of clarification of actions required, Mr Harrison confirmed his expectation that certain INs would remain in place, with an extension of deadlines.</p> <p>Mr Harrison assured Members that with regard to IN1 - <i>Management of Violence &amp; Aggression</i> and IN8 - <i>Needlestick Management</i>, a substantial amount work is underway to recover and deliver staff training.</p> <p>Ms Griffiths highlighted the need to ensure that all relevant risk assessments are regularly reviewed and are made available and clearly visible to staff members. It was agreed that the Head of Assurance and Risk would look into this issue.</p> <p>The Committee took assurance from the positive progress made by the HB Health and Safety Team towards completion of the action items for both the Improvement Notices and the Material Breaches served against the HB by HSE, and recognised the volume of work undertaken.</p>	CB
	<p>The Committee <b>RECEIVED ASSURANCE</b> from the Health and Safety Executive Enforcement Action Update that the necessary work is being undertaken towards compliance with the notices served against the Heath Board by the Health and Safety Executive.</p>	

HSAC (21)08	<p><b>HEALTH AND SAFETY REPORT</b></p> <p>Members were presented with the Health and Safety Report, outlining the activities of the Health and Safety Team for the period October 2020 – February 2021.</p> <p>Mr Harrison highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• A new database for recording respiratory fit-tests for staff has been developed, which will allow notification of pass/ fail rates to the Procurement team in order to inform decision-making, whilst having the additional benefit of allowing managers to understand which masks their staff are fitted for;</li> <li>• Follow-up action will be taken in relation to masks marked '<i>not specified</i>' in mask testing results in order to determine which model of mask this classification refers to;</li> <li>• A 100% fail rate for <i>Respair E</i> masks presents no cause for concern, as this model is not being used by HB staff;</li> <li>• Three Health and Safety induction training courses have been completed since October 2020, with a total of 73 managers in attendance;</li> </ul>	
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- Progress is being made with the roll out of *Skyguard/ Peoplesafe* lone working devices, with the first 100 being receipted; these are currently being distributed amongst the HB's Carmarthenshire Community staff including Acute Response Teams, District Nursing and Palliative Care teams. The roll out will continue to progress the supply of devices to other Directorates, including Pembrokeshire and Ceredigion Community staff, Mental Health, Estates, Pathology etc.

Mrs Rayani drew Members' attention to recent written correspondence with the HSE relating to Notices of Contravention, advising of her intention to invite Inspectors to discuss issues with her prior to issuing documentation relating to the outcomes of visits to HB sites, which she would communicate at the meeting with HSE Inspectors to be held on 24<sup>th</sup> February 2021. Referencing Notice 4674961, Mr Harrison drew Members' attention to the standardised canteen cleaning regime which is in place across all acute sites within the HB.

Mr Simon Hancock expressed his satisfaction at the roll-out of *Peoplesafe* devices, and queried timescales for the distribution of these devices to all HB staff. Mr Harrison confirmed that 500 units have been purchased by the HB, with 200 units issued to date, and assured Members that the HB Security Manager is working closely with staff teams to ensure that devices will be issued to all staff who require them by April 2021, as expected. Mr Harrison added that some devices will be held back for issue to individual members of staff on an *ad hoc* basis, where particular safety concerns are identified.

Responding to a query from Mrs Murphy relating to the change of device name from '*Skyguard*' to '*Peoplesafe*', Mr Harrison advised that this had been due to a name change by the company producing the equipment, explaining that the device remains the same and assuring Members of the good level of support received from the provider concerned. Members were further informed that the Health and Safety Team would monitor the usage of the lone working service.

Mrs Delyth Raynsford queried whether assurance could be provided that new members of staff continue to receive appropriate Manual Handling training, given the significant numbers of new starters within the HB recruited on a temporary basis to support the organisational response to the COVID-19 pandemic. Mr Harrison explained that the 2-day Manual Handling course had been adapted to a 1-day practical course and assured Members that Health Care Support Workers and Hospital Porters who are deployed to clinical areas where they are required to move patients will receive this training. Members were further advised by Mr Harrison that the Manual Handling Team is receiving additional support from workplace assessors and from retired staff members who have been introduced into the Team, and confirmed that this would be made clear in the Health and Safety Update report.

Mrs Lisa Gostling supported Mr Harrison's assurances regarding Manual Handling training, advising Members that all required training is being provided, notwithstanding current restrictions upon training venues and the amount of time available to provide staff training.

TH



	<p>Referencing Contravention Notices 4197045 and 6465313, which relate to the way in which HB managers and the Occupational Health Department identify any employee or prospective employee who is clinically extremely vulnerable (CEV), in accordance with government guidelines, and ensure that risk assessments are reviewed at appropriate times, Mr Burt queried how many HB staff fall within this category. Mrs Gostling informed Members of a decision taken by Gold Command Group on 5<sup>th</sup> February 2021 that an instruction be issued to all CEV shielding staff members to return home with immediate effect, ensuring that psychological support arrangements are in place, that appropriate work is assigned and that IT resources are provided to affected staff members. Members were informed that 172 staff members had received second WG letters advising them that as they are at risk of becoming seriously unwell if they were to contract COVID-19, they should remain at home, and were assured by Mrs Gostling that no CEV staff now remained in the workplace.</p> <p>Ms Griffiths drew Members' attention to the successful management at a HB Mass Vaccination Centre (MVC) of the vaccination of an individual included in the Primary Care Violent Patient Scheme, who had been identified as 'vulnerable' (and therefore as requiring vaccination) by Primary Care staff, but who had been unable to receive a vaccination from their GP. Members were advised of the need for prior notification in cases where individuals in this category would be attending MVCs, recognising these incidences would also be identified by Healthcare Inspectorate Wales during an inspection of 2 HB MVCs scheduled in March 2021. Mr Harrison assured Members that staff at the vaccination centre had been made aware of the attendance of the individual involved.</p> <p>Members acknowledged the efficiency and hard work of the Health and Safety team in assisting with the establishment of the MVCs.</p>	
	<p>The Health and Safety Assurance Committee <b>RECEIVED ASSURANCE</b> from the work undertaken by the Health and Safety Team, as outlined within the report, and <b>RECEIVED ASSURANCE</b> that the two Notice of Contraventions recommendations had been completed, or will be by the deadline set of 1<sup>st</sup> March 2021.</p>	

<b>HSAC (21)09</b>	<b>FIRE SAFETY GOVERNANCE REVIEW</b>	
	<p>Members received an assessment of the delivery of the HB's Fire Safety Action Plan which had been developed in order to ensure that all improvements identified in a review of Fire Safety Governance commissioned by the HB Chief Executive are delivered.</p> <p>Mr Rob Elliott informed the Committee that the good progress which had been made on the Action Plan up to the end of 2020 had been subsequently compromised by staff sickness and self-isolation requirements among the Fire Safety Team and the Operational Maintenance teams, leading to the restriction of resources available to deliver actions and challenges in meeting action completion dates. Members were advised that, given these issues, discussions had been held with the Director of Operations and the Board Secretary in relation to revising completion dates for the 10 outstanding actions, and were assured</p>	

	<p>that further support had been provided in driving the delivery of the action plan through the recent appointment of the Head of Operational Services. Members were further assured by Mrs Charlotte Beare that the revised completion dates for outstanding actions are reasonable considering the current challenges and the progress made to date.</p> <p>Mrs Judith Hardisty thanked Mr Elliott and his teams for their hard work in progressing the Fire Safety Action Plan, and Members noted the progress made to date, together with revised completion dates for outstanding actions. It was agreed that the Fire Safety Review would be included on the agenda for the next Committee meeting scheduled for 10<sup>th</sup> May 2021.</p>	SW/ RE
	<p>The Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The current progress in achieving recommendations of the Fire Safety Governance Review;</li> <li>• The revised completion dates agreed for the 10 outstanding actions.</li> </ul>	

HSAC (21)10	<b>FIRE ENFORCEMENT NOTICES ACTIONS UPDATE</b>	
	<p><i>Mr Andrew Carruthers joined the Committee meeting</i></p> <p>Members received a report on the progress made in managing the requirements of the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSMs) issued by the Mid and West Wales Fire &amp; Rescue Service (MWWFRS) on Wthybush General Hospital (WGH) and Glangwili General Hospital (GGH).</p> <p>Mr Andrew Carruthers confirmed that updated letters had been received from MWWFRS regarding the two hospital sites and Members were assured that HB delivery plans are now fully aligned with all current FENs and LoFSMs.</p> <p>Assuring Members of the level of trust which exists in the working relationship between the HB and MWWFRS, Mr Elliott informed Members that a slight delay to the completion date for WGH advanced works had been negotiated, and confirmed that the relevant FEN would be updated by MWWFRS to reflect this.</p> <p>Members were advised that progress is being made in the development of the Business Justification Case (BJC) for WGH Phase 1 Works, which is due for submission to WG in late March 2021, and in the development of the BJC for GGH Phase 1 Works which is due to be submitted to WG in June 2021. Members were informed that the submission of these first stages is a pre-requisite in obtaining the capital funding required to complete these works.</p> <p>Mr Elliott highlighted the significant level of disruption during the site construction work required to comply with the Notices, advising Members that this would need to be managed in conjunction with the MWWFRS.</p> <p>Mr Mike Lewis referred to compartmentalisation issues affecting fire safety within corridor areas, querying whether this work would extend to ward areas, and if so (given current pressures upon treatment waiting lists), whether any impact upon wards should be brought to the Board's notice. Mr Elliott explained that Phases 1 and 2 of the refurbishment plans reflect</p>	

	<p>agreement with the MWWFRS, and informed Members that while Phase 1 Works relate to corridor areas, Phase 2 Works relate to ward and departmental areas. Members were assured that at Phase 2 stage, it is anticipated that sufficient patient decant facilities would be available to manage any disruption caused by ward refurbishment works.</p> <p>Members were further advised that joint HB and MWWFRS plans are predicated upon the development of Phase 2 BJCs while Phase 1 works are underway, and were assured that Estates teams will discuss Phase 2 plans with hospital General Managers in order to identify potential decant facilities, and highlight the need to ensure that these are in place.</p> <p>Mrs Hardisty requested assurance that Phase 1 and 2 plans would accommodate the requirement for hospital sites to fit, in terms of infrastructure planning, with the implementation of the Clinical Strategy and the new hospital building. Mr Carruthers explained that the major structure Programme Business Case (PBC) submitted to WG for the new site is at an early stage, with funding elements still subject to development, and assured Members that WGH and GGH decant plans would be linked into broader PBC planning to ensure a managed and structured approach to wider infrastructure development. Mr Elliott confirmed that BJCs for GGH and WGH included considerations relating to the future re-purposing of individual site areas.</p> <p>Mr Elliott explained that the entire HB estate would need to be fire-proofed, irrespective of future infrastructure engineering considerations, and informed Members that while discussions had been held with the MWWFRS to explore ways in which associated costs could be reduced, the expenditure identified had been confirmed by the Fire and Rescue Service as essential to the implementation of fire-proofing measures across HB sites.</p> <p>Members recognised the clear need to comply with the requirements of the Fire Enforcement Notices and it was agreed that regular updates in relation to progress in managing the requirements of the FENs and LoFSMs would be presented at future HSAC meetings.</p>	SW
	<p>The Health &amp; Safety Assurance Committee <b>NOTED</b> the current progress against the Fire Enforcement Notices and Letters of Fire Safety Matters issued by MWWFRS, and <b>NOTED</b> that these are now fully aligned with the HB's delivery programme.</p>	

HSAC (21)11	<b>SMOKE FREE SITES – IMPLEMENTATION OF LEGISLATION</b>	
	<p>Members received a report summarising the provisions within the <i>Smoke Free Premises and Vehicles (Wales) Regulations</i> which are due to be implemented across specified premises, including all hospital sites, by 1<sup>st</sup> March 2021, and providing an overview of the key responsibilities and actions required to ensure compliance, together with key risks associated with the requirements and implementation of the regulations.</p> <p>Being advised that the report seeks HSAC's support for recommendations which will be submitted for Executive Team approval in order to implement and comply with the legislation, Members agreed that in terms of</p>	



	<p>governance processes, the report should be considered by Executive Team prior to submission to HSAC to provide assurance in respect to the HB's compliance with the legislation. Mrs Rayani advised that this would be communicated to the Director of Public Health who is leading this work.</p> <p>Members noted requirements for no-smoking signage to be placed at all entrances to hospital sites, and at other site locations (as required), and recognised the need to gain a thorough understanding of enforcement measures, which would be the responsibility of a designated staff member ('Responsible Manager') at each site. Members also recognised the need to establish the level of support in enforcing regulations which will be made available to this individual, given that this is likely to be the site General Manager, and noting that there are currently no security personnel present at hospital sites to assist in the enforcement of non-smoking regulations.</p> <p>Noting that Local Authorities are responsible for enforcement of the regulatory requirements through the issue of Fixed Penalty Notices, Mrs Murphy highlighted that, technically, the Responsible Manager of each site would also be liable for a fine, should any individual smoke in areas where smoking is prohibited. Mrs Murphy also highlighted the need to clarify whether or not e-cigarettes are included in the smoking ban.</p> <p>Members commented upon the short notice given for the implementation date of the Smoke-Free legislation and agreed that all Welsh Health Boards are likely to be in a similar position in terms of the need to respond at pace to legislative requirements.</p> <p>Mrs Murphy requested that consideration be given by Executive Team in approving legislative requirements to the potential for violence and aggression resulting from smoking ban enforcement processes, and highlighted an increase in smoking among patients and visitors arising from mental health issues resulting from the impact of COVID-19 restrictions. Mr Burt suggested that while the legislation must be supported in principle, its enforcement may create an environment where individuals will seek out any location possible around hospital grounds in which to smoke, resulting in potential nuisance to local residents.</p> <p>Recognising that the main consideration in implementing the Smoke-Free legislation is to ensure the realisation of a health benefit for the local population, Members acknowledged that there are many practical issues which will need to be addressed in enforcing the legislative requirements across hospital sites, and agreed that these queries and comments would be forwarded to Executive Team for consideration when discussing the formal approval of measures to support the introduction of the legislation.</p>	MR
	<p>The Health &amp; Safety Assurance Committee <b>NOTED</b> the requirements associated with the implementation on 1<sup>st</sup> March 2021 of the Smoke Free Premises and Vehicles (Wales) Regulations across all hospital sites in Wales.</p>	

HSAC (21)12	<b>CORPORATE RISKS ASSIGNED TO HSAC</b>	
	Members reviewed corporate-level risks which are included in the Board Assurance Framework/ Corporate Risk Register and which have been	

	<p>assigned to HSAC, as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ul style="list-style-type: none"> <li>• Risk 1016 - Delivery of Q3/4 Operating Plan - Increased COVID-19 infections from poor adherence to Social Distancing;</li> <li>• Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005.</li> </ul> <p>Referencing Risk 1016, Mrs Rayani advised that following informal feedback from HSE, and the positive response to social distancing measures by HB staff and members of the public, the risk score had recently been reduced to 8, and informed Members that the decision to reduce the score had been taken prior to the issue of a letter from HSE to the HB relating to social distancing concerns.</p>	
	The Health and Safety Assurance Committee <b>NOTED</b> the corporate risks assigned to the Committee.	

HSAC (21)13	<b>OPERATIONAL RISKS ASSIGNED TO HSAC</b>	
	Members reviewed those operational risks aligned to the HSAC within the <i>Datix</i> Risk Module.	
	The Health and Safety Assurance Committee <b>NOTED</b> the operational risks assigned to the Committee.	

HSAC (21)14	<b>OUTCOME OF REVIEW FOR STAFF TESTING POSITIVE FOR COVID-19</b>	
	<p>Members received a report providing an update on the use of the COVID-19 Staff Investigation Toolkit, which has been developed at an All-Wales level to assist in undertaking investigations in cases where HB staff receive a positive COVID-19 result.</p> <p>Mr Harrison informed Members that the Toolkit is not necessarily user-friendly in certain respects, and advised that he is liaising with the HSE in order to clarify the criteria for reporting COVID-19 cases.</p> <p>Members were informed that the Toolkit has only been used in its entirety on three occasions within the HB, none of which have included any fatalities to date. Mr Harrison explained that training would be provided to HB managers in the use of the Toolkit, and that a simple checklist had been developed and would be issued to Toolkit users.</p> <p>Mrs Hardisty highlighted environmental issues which might potentially be connected with COVID-19 infections among staff, for example air conditioning and ventilation, and queried whether findings from the Investigation Toolkit which identified site issues as factors in COVID-19 infections would feed into capital programme planning in respect of the refurbishment and design of working environments. Mr Harrison confirmed that the Toolkit had been used to identify 2 instances involving on-site ventilation issues, which had led to some members of staff being relocated to different site areas in order to reduce the risk of COVID-19 infection.</p>	

	<p>Mr Carruthers informed Members that following a review of site accommodation undertaken by the HB Social Distancing Group, certain capital proposals had been made based upon the review findings in order to provide safer working environments in terms of the availability of adequate space. Members were advised that while these proposals were included on the COVID-19 capital schemes list, the necessary prioritisation of selected schemes to support the HB's response to the pandemic had resulted in the relegation of funding for work upon office environments.</p> <p>Mr Carruthers suggested that social distancing requirements may prove to be a long term legacy of the pandemic, in terms of ensuring the safe configuration of office/ working space, and may shape future decisions relating to home working, with associated digital support. Mrs Rayani referenced strategic discussions regarding accommodation needs across the organisation over the next 7 years, reflecting that while there are many benefits to working from home, there are also potential associated risks in terms of ergonomic impact and other as-yet-unidentified consequences.</p> <p>Recognising the need to consider ergonomic aspects linked to changes in staff working environments, it was agreed that this would be included on the agenda for a future meeting of the Committee.</p>	SW
	<p>The Health and Safety Assurance Committee took <b>ASSURANCE</b> that investigations using the Standardised COVID-19 Investigation Toolkit are being undertaken when appropriate, in line with the consistent approach adopted across NHS Wales.</p>	

HSAC (21)15	<p><b>EXTENSION TO REVIEW DATES OF CORPORATE WRITTEN CONTROL DOCUMENTATION</b></p> <p>Members reviewed a schedule of written control documentation which has either imminent expiry dates or has exceeded the review date and requires an extension in order to allow time for a full review to be undertaken.</p> <p>Members were informed by Mr Carruthers that the need for extensions has arisen from the realignment of managerial priorities in response to COVID-19, and were advised that the extension date requested for each written control document has been determined by the Lead Officer in each case, with assurance being provided by the lead author that the document remains fit for purpose during the extension period. Members were further assured that all risks relating to review date extensions had been assessed, and that there had been no legislative changes which might impact upon the documentation involved.</p> <p>Members confirmed that they were content to approve the extensions of the expiry dates to the written control documentation on the report schedule, on the understanding that the reviews would be completed by the dates stipulated.</p>	
	<p>The Health and Safety Assurance Committee <b>APPROVED</b> the requested extensions to the expiry dates for review of the corporate control documentation presented.</p>	

HSAC (21)16	<b>HSAC WORKPLAN 2020/21</b>	
	The Committee received the Health & Safety Assurance Committee work plan for 2020/21 for information. Mrs Rayani advised that following a review of the Committee's work plan, a revised programme for 2021/22 would be shared with Members at the following meeting, to be held on 10 <sup>th</sup> May 2021.	SW
	The Committee <b>NOTED</b> the Health & Safety Assurance Committee work plan for 2020/21.	
HSAC (21)17	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	
HSAC (21)18	<b>REFLECTIVE SUMMARY</b>	
	<p>Mrs Rayani highlighted the following key points discussed at the meeting:</p> <ul style="list-style-type: none"> <li>• The required assurance had been provided to the Committee relating to work undertaken within its remit, particularly with regard to the Fire Enforcement Notices issued to the HB.</li> <li>• Agreement to provide further updates relating to progress in managing the requirements of the Fire Enforcement Notices and Letters of Fire Safety Matters at future HSAC meetings.</li> <li>• Members' queries and concerns arising from discussion of requirements to implement Smoke-Free legislation across hospital sites would be communicated to the Executive Team meeting to approve the requirements.</li> <li>• The Committee Terms of Reference would be updated following the discussions required with the Board Secretary to map HSAC's reporting structure prior to presenting to the Board for approval in March.</li> <li>• The Committee's Update Report to Board would reflect the progress made in complying with HSE Enforcement Notices, in completing action items for both HSE Improvement Notices and Material Breaches and in progressing the HB's Fire Safety Action Plan.</li> </ul>	
HSAC (21)19	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	10th May 2021 9.30 – 11.30	